Social work and mental distress

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McCusker, Pearse; Jackson, Jackie

Published in:
British Journal of Social Work

DOI:
10.1093/bjsw/bcv083

Publication date:
2015

Document Version
Peer reviewed version

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Abstract

Mental distress is prevalent across all social work contexts, yet social work's relationship with mental health is insufficiently articulated and the contributions practitioners make to this area of practice are under-recognised. This action research study sought to explore and address these concerns from academic, educational and practice perspectives. It was conducted in two parts: beginning with social work students at a Scottish university, followed by social workers in three practice settings. This paper reports on part one, which examined students' preparedness for working with mental distress in their final year placements. Using semi-structured questionnaires, a focus group and follow-up interviews, the study set out to enhance understanding of the social work role, identify gaps in educational provision and develop '*Learning Insights'* to address them. Whilst the results here suggest that many students felt unprepared for the complexity of roles and tasks in working with mental distress, some reported successful engagement in powerful and transformative interventions by the use of relationship-based methods. The findings attest to a largely unsung but distinct professional contribution social work makes to the amelioration of mental distress; one that is relational, that transcends technical-rational concerns and is encapsulated in the concept of connection.

Keywords: Mental health and distress; social work education; professional practice and practitioner research.

A note on terminology

The term 'mental distress' is used throughout this paper to reflect the structural context of mental health and well-being. It acknowledges 'mental health problems' as reactions to a complex range of factors which may include poverty, social disadvantage, life stage and trauma, thus embedding the experience of mental distress firmly within culture and society (Plumb, 1994). Where used, the term 'mental health' denotes the system and services commonly identified with mental distress.

Background

This article reports on a collaborative study between a social work academic, a social worker and final year students. It was funded by the Higher Education Academy. It began with the observation that coverage of mental distress on pre-qualifying social work degrees within the researcher's university was limited and that provision across social work education in the UK, although substantial in some areas, was variable and at times inadequate (Tew and Anderson, 2007; Boushel et al., 2010). As such, despite the prevalence of mental distress across social work settings, these perceived gaps in educational provision risk underplaying its importance for post-qualifying practice (Ramon, 2009; Stanley and Cox, 2009; Boushel et al., 2010). The relevance of mental distress for social work is reflected in the number of major national and international policy initiatives designed to militate against its impact in health, social and economic contexts (World Health Organisation, 2013; Department of Health, 2014). This article argues that consequently social work students – irrespective of intended post-qualifying specialisms – need to develop critical

knowledge and skills to respond to and intervene appropriately with service users experiencing mental distress.

The study also seeks to add to an evolving literature on how mental distress is conceptualised and by whom. Driven largely by service user activism, mental health survivors' experiences have over the past two decades become more accepted as valid sources of knowledge, informing academic discourse through user-led publication (Asylum, 2014), helping inform policy (National Survivor User Network, 2014) and contributing to professional health and social care education (Lloyd et al., 2007). While this influence may be limited and open to the charge of tokenism (Carey, 2009), it nonetheless aligns with critiques of the medicalisation of 'mental illness' arising from within and outside of psychiatry (British Psychological Society, 2011; Bracken, et al., 2012). Together, these shifts have called for more sophisticated understandings of the interplay between personal experiences, psychological and social factors, such as trauma and poverty, in the formation of mental distress (Gould et al., 2007; Beresford et al., 2010; Karban, 2011). As a profession and academic discipline, social work's strength lies in the diversity of knowledge sources it draws upon, which traverse personal/structural, sociological/psychological and cultural/material perspectives among many others, seeking ultimately to understand the interactions between people and their environments (European Association of Schools of Social Work, 2015). Social work thus has a significant opportunity and responsibility to use this multiplicity of vantage points to reframe and advance current thinking about the nature of mental distress, throwing into relief the dynamics and impact of an infinite range of

processes and enmeshments, including normativity, economic exclusion, identity formation and self-worth. For social work practitioners in the UK, however, a confidence and knowledge gap often prevents coherent articulation of alternatives to medical treatment, leaving the value of social work interventions and the potential of alternative approaches underexplored (Ramon, 2009; Bailey and Liyanage, 2012). In addition, problems with role definition have been exacerbated by structural changes to mental health services, notably the integration of health and social care services, which for many social workers have led to a sense of dislocation from their professional culture (Bailey and Liyanage, 2012; Allen, 2014).

Critically employing the concepts of 'students as producers' (Neary and Winn, 2009) and 'practice wisdom' (Fook and Gardener, 2007) this two-part action research study set out to explore coverage of mental distress within social work education and to further investigate and define the role of social work within mental health. Firstly, it asked final year social work students at a Scottish university to consider the teaching they had received on mental distress against their placement experiences. Secondly, it asked social workers in mental health, children and families and criminal justice settings in three local authorities to critically reflect and identify the distinctive features of social work's contribution to this area of practice. Together, the findings helped inform the development of a set of *Learning Insights*. These were designed to enable social work educators to facilitate critical discussion on mental distress within social work programmes. Reporting on part one, this paper explores students' perspectives.

Social work and mental distress

Ramon (2009) charts social work's inclusion in the mental health system in the UK from 1920, with the appointment of a social worker to the Tavistock Clinic in London. From such a small-scale formal beginning social work has since become integral to public, private and third sector mental health provision in the UK. Its role has expanded in tandem with extensive legislative change, aimed at overhauling mental health law and practice relating to issues of detention, capacity and adult safeguarding. For example, in Scotland, the Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment)(Scotland) Act 2003, and the Adult (Support and Protection) (Scotland) Act 2007 significantly extended mental health officer, social worker and local authority responsibilities – preceding similar legal changes in the other jurisdictions of the UK.

Social work's increasing mandate and embeddedness in the mental health system has not, however, resulted in professional parity. The imbalance in power between social work and health professions, and their differing ideas about the nature of mental distress, make for often problematic relationships (Bailey, 2012). Social work places emphasis on understanding the structural determinants of distress, including poverty, inequality and oppression; a position increasingly supported by evidence, for example, regarding a causal relationship between childhood trauma and psychosis (Manning and Stickley, 2009). This conflicts with psychiatry's focus on individualising illness through diagnosis and provision of, for the most part, pharmaceutical treatments. Despite increasing concerns about an overreliance on medication and lack of evidence for biological causality (Bracken et al., 2012), a

medical approach still largely determines how mental health services are provided. As such, alternative and potentially more emancipatory methods that address oppression and social exclusion - including relationship and community-based interventions - remain underexplored and exert limited influence over professional practice (Ray et al., 2008).

Set against this background is a growing recognition of the need to reappraise social work's relationship with mental health and develop a knowledge base that allows for a confident articulation of the professionally distinctive contributions social workers make; a dynamic that creates an imperative for social work educators to foster learning environments in which students can more confidently reframe their understandings of how to engage with people experiencing mental distress. A recent report from The College of Social Work underscores the importance of role clarification for social work and sets out a vision for the role of social workers in adult mental health services (Allen, 2014). Current professional concerns centre on: social work identity being eroded within multi-disciplinary settings (Bailey and Liyanage, 2012; Allen, 2014); underuse of core social work knowledge (Ray et al., 2008); barriers to inter-agency communication, in particular, the childcare/adult mental health interface (Stanley and Cox, 2009; Ofsted, 2013), and wider political marginalisation of social work in the mental health system (Bailey and Liyanage, 2012; McNicol, 2013). In addition, knowledge deficits among social workers about parental mental distress and its impact on child development have been highlighted in serious case reviews (Ofsted, 2010; Ofsted, 2013). Further, the decision to open the Approved Mental Health Professional role in England and Wales to other

disciplines (Mental Health Act, 2007) arguably represents a dilution of social work responsibilities. In contrast, the equivalent role in Northern Ireland and Scotland is reserved for social workers.

From an educational perspective, questions about inconsistent coverage of mental health within social work degree programmes persist. In 2000, a UK survey of fifty-seven social work courses found that just thirteen had specific mental health content and often this was confined to teaching on the law (Webber et al., 2000). More recently, Boushel et al.'s (2010) report into social work education in England, Wales and Northern Ireland found significant variation in the extent to which mental health was taught. The views of social work students, however, appear to be largely missing from the debate. Nevertheless, concerns about newly qualified social workers' preparedness for mental health practice have led to more recent calls for specialised mental health social work degrees (see Clifton and Thornley, 2014). Whilst the authors of this article oppose such a development on the basis that it could militate against the acquisition of the broad range of knowledge and skills required for working with different service user groups, it adds weight to the need for mental distress to be clearly incorporated within curricula.

The interface of childcare and adult mental health services is of particular note here given the added complexity of parental capacity, child protection and risk (Aldridge and Becker, 2003; Cleaver and Aldgate, 2011; Laird, 2013). Stanley and Cox's (2009) study into training and education across social work and health professions in mental health, however, found limited coverage of the specific skills and knowledge

required for this particular area of practice (p.64). Their findings also raise questions about the adequacy of post-qualifying training in mental health, which has an added imperative in countering the 'silo' thinking of care-group specific social work settings (Munro, 2012).

Research design

Set within this context, the study therefore sought to explore how educational provision at a Scottish university prepared social work students to work with mental distress and deepen current understandings of social work's relationship to this area of practice. It employed an action research methodology (Whitehead and McNiff, 2006) in order to engage students as co-producers (Neary and Winn, 2009), with the aim of translating 'practice wisdom' (Fook and Gardner, 2007) into research-informed practice knowledge.

The research design was further informed by Gould et al.'s (2006) typology for developing an inclusive approach to knowledge generation for mental health social work. This perspective foregrounds qualitative epistemologies, including practitioner and user knowledge, and attests to their capacity for capturing the individuality and uncertainty of mental distress. It affirms practitioner knowledge as a locus for research activity, one that: "…has its own structure and epistemology, and is amenable to investigation and explanation through various methods, including case studies, [and] qualitative accounts of practice..."(p.119). It therefore supported the study's focus on students' practice experiences.

The study itself employed a mixed-methods qualitative approach to data gathering. Ethical approval was granted by the host university, and all participants provided written consent. An on-line semi-structured questionnaire was issued to all final year students (n=84) across three pre-qualifying social work programmes (MSc, BA (Hons) Full Time and BA (Hons) Employer Sponsored) at the host institution, which 32 completed (MSc (n=14); Full Time (n=10); Employer Sponsored (n=8)), representing 38% of the final year student cohort. In addition to common factors limiting response rates for online surveys - including the number of questions and in-depth nature of the information sought (Fan and Yan, 2010) - the timing of the study may also have had an impact, coming as it did towards the end of the degree programme. The survey comprised fifteen questions addressing key research foci, including: the quality and adequacy of teaching on mental distress; the prevalence of mental distress within care groups in placement settings; and the nature of the social work role. For each question students were asked to complete a likert scale and provide a narrative response with supporting examples from practice. Four questions were designed to assess students' perceptions of their knowledge and skills: in terms of theory, they were asked about the impact of social factors on mental distress; regarding policy, the question focused on their understanding of 'recovery' (Lester and Glasby, 2010); for skills, there were two questions on suicide prevention and working with personality disorder. Students were also asked to note the sources of their knowledge.

Data were analysed thematically (Henn et al., 2006) by the writer. Initially, data sets for each degree programme were analysed and coded separately, after which

emerging themes were compared and refined. Questionnaire respondents were invited to attend a focus group facilitated by the writer and the social worker and nine subsequently participated (MSc (n=3); Full Time (n=2); Employer Sponsored (n=4)). The focus group was used to explore issues arising from questionnaires and to facilitate shared understandings of student experiences. It was audio-recorded, transcribed and analysed using the same coding method as the questionnaires. Follow-up interviews were conducted with three volunteers from the focus group (MSc (n=1); Employer Sponsored (n=2)), with the aim of identifying the distinctive features of their particular interventions with service users. These in-depth accounts of practice also formed the basis of case studies for use as teaching aids in the *Learning Insights (see discussion)*. Through the process of combined data analysis, four key themes emerged, as indicated below. Students' narratives illustrate the nature and impact of their experiences, consistent with their roles as co-producers of the research.

Results

Theme 1: The universality of mental distress

Students consistently reported high levels of mental distress in allocated work across all placement settings. Knowledge and skills relating to mental distress were repeatedly noted as essential for practice:

From my experience it [mental health] is one of the few areas of social work that is involved in all specialisms and affects people from every age group, background and

ethnicity. Every placement I was on during the course involved mental health issues, although I did not have a mental health placement.

Students were based predominantly in children and families, criminal justice and adult care social work teams. In children and families' settings, high rates of child and parental mental distress came as a surprise to some students and were found to have either a direct or indirect bearing on the interventions undertaken:

[In] My 2nd placement, children and families [disabilities] team, all eight cases allocated to me involved working with parental mental health issues. I was astonished in researching this area how common this was, yet I felt very unsure as to how best to work with some of the service users.

The subject of parental mental health and its impact on children emerged repeatedly across data sets:

Being based in a children's unit, mental health difficulties were significant in both the parents of the children and the children themselves. Depression and self-harm were common.

The findings suggest that social workers' responses to mental distress were influenced by a range of factors, including risk thresholds and depth of knowledge. Students reported difficulties accessing mental health services for parents who failed to meet risk or diagnostic thresholds. Some also found a lack of understanding

among some qualified social workers about the impact of parental mental distress on children. The attention given to addressing mental distress in children and adults differed markedly within and across settings. One student, in a youth justice placement, identified a need to focus on mental health concerns at the outset, citing this as a pre-requisite for the success of the overall intervention. Conversely, another noted that mental health services were only accessed when the 'condition' was perceived to have a direct impact on offending behaviour. Students also reported working with a wide range of mental health conditions, covering most of the 'mental illness' spectrum, including psychosis, personality disorders and depression.

Theme 2: Articulating the social work role

Each data set revealed that students were engaging with a wide range of complex practice situations on placement. In child-care settings, these included responding to self-harm and behavioural problems linked to trauma:

All of the young people in the secure residential setting were involved with psychologists and required me to participate in therapeutic work with the young people. I was also involved in reacting to episodes of self-harm, on-going behavioural issues as a result of mental health problems and dealing with young people who were experiencing trauma.

Students also recounted using a wide range of interventions, from group work for depression and self-harm, to well-established social work approaches, including strengths-based practice. When asked about social work's role in mental health, all

respondents acknowledged the value of social work interventions, revealing a consensus on the importance of combining direct work with service users with advocacy:

I was involved with a 14 year old girl who was self harming, not attending school and having relationship difficulties with her mother. What surprised me most was the attitude of the Children's Panel members and school staff who appeared to ignore the self-harming…their main concern was to get the girl to return to school. It appeared to me that they did not know how to deal with the self-harming, so it was being ignored. My intervention with the girl was around getting to know her, building up trust and together looking at what made her happy and what was making her unhappy. I was concerned that although she continued to self-harm, the mental health team she was working with wanted to close her case because no progress was being made. At social work's request they kept the case open.

Overall, however, students' ability to identify the distinctive nature of the social work role varied considerably and only a minority of questionnaire responses provided detailed answers. The focus group, and subsequent interviews with three students, allowed for more in-depth exploration of interventions seen as both professionally distinctive and successful. Analysis of these suggested that transformative social work practice rested upon three elements: first, a relationship-based approach, central to which was genuine interest in and drive to get to know the service user; second, a holistic approach to assessment that explored the potential impact of wider structural/situational factors on people's circumstances;

third, persistence in the face of the many personal, cultural and organisational barriers encountered. This typology was seen to distinguish social workers' interventions from those of other professionals, and was found to have significant positive impact on outcomes for service users; which included, enabling children to develop understanding of self-harming behaviours and increasing social inclusion for adults through access to community networks. There were a number of striking case examples that illustrated the transformative potential of listening to, forming meaningful relationships with and understanding service users, while remaining committed in challenging circumstances. In one interview, a student described how her initial engagement with a man diagnosed with psychosis and at risk of suicide appeared unlikely to succeed:

The man questioned me, "you know Margaret, only people in health services could deal with my mental health"…and he was a very articulate man, … and I remember feeling quite inferior to him, he had wall-to-wall book cases full of files and he was into history...and I thought, what have I got in common with this man…how can I reach out to him to make him engage with me?

The student responded to the service user questioning her role by explaining that her approach rested on taking an active interest in him, being honest and understanding the impact of life experiences on the development of his mental distress:

...he said to me "what can you bring to this relationship Margaret", so I had to tell him about my teaching [at university] and I admitted I have very limited experience in mental health, I was open and honest…probably that was why he did engage with me. I said the teaching about the psycho-social model, I use that regularly in my work to help young people through trauma..."Nothing to do with my background Margaret this is all organic, this is happening now"…and see, when I took him back and we did exercises, he realised that he had been a carer for his parents and he lost that role...and then I found out through engaging with him that he comes from a long history of teachers…and he loved that part of sharing his knowledge with me...

The student's commentary suggests that it was the emphasis on relationship-building and development of a holistic picture of the service user's experiences - which required persistence and time - that ultimately led to an important outcome for him:

...he ended up in psychiatric hospital because he had no resources for coping, didn't know that you could claim benefits…stopped eating…just went to his bed and almost died...at first he wouldn't go out the door, he never went out the door, he only went to the local library and by the end I had taken him out to a café which was five minutes along the road, and he'd lived there for thirty years and never once had he been in a café in that area.

The potential afforded by relationship-based, holistic practice and persistence appeared to apply across care groups. In another interview, a student described her

work with a girl with physical disabilities who had stopped going to school. Referred to pejoratively by social work colleagues as a 'school non-attender', the student found the child had developed a school phobia as a result of bullying related to her disability, which manifested in panic attacks. In addition to referring her to child and adolescent mental health services, the student worked directly with the child using a cognitive behavioural therapy approach to help her understand her experiences. The success of the intervention was underpinned by building trusting relationships with the girl and her mother and taking action to minimise distress. Importantly, it also reflected a social model perspective, in recognising that the problem had been precipitated by situational and cultural factors, in this case bullying and stigma. Consequently, an important focus of the intervention was to highlight the school's responsibility to change attitudes towards disability.

Theme 3: Concerns about professional practice

Notwithstanding many positive experiences on placement, some students raised concerns about practice by some social workers, other professionals and agencies. The findings would appear to suggest that some social workers had knowledge deficits and/or attitudinal issues in relation to working with people with mental distress, as indicated by the following focus group example:

… one of my colleagues was doing a report for a child for the Children's Reporter and the mother had quite serious mental health problems and it was very much, well, they didn't go as far to say they were 'at it' but that was the impression I got, that they thought it wasn't a genuine issue…

Another student in the focus group described a duty social worker's apparent reluctance to respond to a referral the student had made for a child who had witnessed domestic abuse:

…I went through the whole thing and she just sort of just went through her records "ah but the school says she's fine". I said have you met her, "No", I said "do you take on board what I'm saying about all this, do you think that this might have an impact…doors getting kicked in by the guy supposed to be her father", "I suppose it might have an impact on her mental health"…

Narrow professional role definition was also observed in some social workers, which appeared to limit their involvement with mental distress: "…oh that's not our bag they [the community mental health team] deal with that over there". In addition, a perceived lack of confidence was found to impact on social workers' willingness to seek support from mental health services:

...they were dead concerned about making a referral [to the community mental health team] that they felt was inappropriate and I said "well that's not our thing to decide, we make the referral".

Infrequent communication between mental health and social work services was also felt to foster mistrust:

I had one case where the mum had been diagnosed with mental health problems and was going through the system but when I phoned [voluntary agency] to get a little bit of information…they were so shocked that a children and families worker was phoning them, they were like, they weren't really willing to share that much information.

At times, the practice of other professionals was also perceived to be sub-standard. The interviews provided one example of apparent neglect of a service user with multiple problems, including obesity and incontinence, who had support from a community psychiatric nurse (CPN) and a social care service:

I went in and took the view "oh my god what are people doing here"? The house was filthy, the women was paying for a service from direct care and I couldn't believe that professionals were going in and absolutely just overlooking other areas of this women's life, apart from mental health, which she was getting the depot jag for fortnightly…"that's ok, that's stable, so that's alright, we can go back out the door again…"

The issues this student identified raise adult safeguarding concerns that appeared to have been overlooked by the professionals involved. This finding must, however, be seen within the context of this part of the study, which reports only on students' perceptions and consequently may not take into consideration other factors attending to the situations discussed.

Theme 4: Addressing a knowledge and skills gap

The findings confirmed that a majority of students felt unprepared for working with people with mental distress on placement. Students consistently reported insufficient teaching on the subject and many asked for this to be rectified as a priority:

… had we had better teaching on mental ill health and its impact on the lives of individuals, their families etc., then I believe that I would be more knowledgeable on the most appropriate intervention to use. Displaying empathy can seem almost tokenistic when people don't have an understanding of the difficulties faced by people experiencing mental ill health…

MSc and Employer Sponsored students gave more informed answers than Full-Time BA (Hons) Students, possibly reflecting the greater age and experience of the former two groups, who cited prior work and/or personal experience as important sources of learning. Overall, the data revealed that a majority of students lacked confidence, basic knowledge and skills in relation to mental distress, with some feeling fearful and anxious about how to respond to service users when on placement:

I was terrified because he presented as a very articulate man who looked like just your normal wee 'Joe Blogs,' and he was talking quite lucidly and then all of a sudden he was talking about god being in the bedroom and how the devil was going to get him.

All respondents agreed there was a causal relationship between social factors and mental health problems, with the former seen either as one of a range of influences or the main cause. Most, however, acknowledged having limited insight into this subject, with just a few demonstrating more informed understandings of the multi-factorial nature of mental distress:

Mental health issues frequently appear to be one element of the problems experienced by service users. It is evident that such issues can lead to other areas of concern e.g. problematic substance use. Therefore, intervention in relation to mental health issues - along with attempts to tackle all other presenting issues in a holistic manner - is essential.

In relation to addressing the education gap, students raised a wider pedagogic question of 'genericism versus specialism' on social work programmes. They recognised difficulties in achieving a sufficiently broad curriculum, whilst also covering discrete areas of practice. The findings support taking a generic approach but caution against learning, teaching and assessment strategies being overly reliant on core social work knowledge and skills; specific teaching on mental distress was deemed necessary. Suggested ways of addressing this gap varied from a mental health module to embedded teaching. Students advocated coverage of a wide range of subject areas, including different types of medically defined conditions and teaching on broader, more sociologically informed perspectives. Focus group participants raised concerns about losing 'a social work identity' if teaching adopted the discourse of psychiatry, instead of analysis on the social determinants of mental

distress. Overall, however, the consensus favoured including a range of perspectives:

Teaching on Recovery / person-centred practice…some teaching on different diagnoses, with care not to make this completely medical-model centric.

A majority of students also sought improved skills development, reflecting the importance of being able to respond directly to mental distress:

Theory is all well and good, but what do we do in practice? Signposting isn't always an option due to lack of resources.

A broad range of topics for skills development was suggested, including working with people with eating disorders and people who hear voices. The most frequent request related to responding to self-harm and suicidal behaviour. Lastly, in terms of teaching approaches, students favoured the use of case studies and hearing directly from service users and carers about their experiences of mental distress.

Discussion

There are a number of methodological limitations to this study. It is small scale and relates to the particular experiences of students in one university. The study also focused on experiences within a Scottish context, and therefore any generalisability or representativeness is restricted to one jurisdiction. But the value in this data lies in its ability to provide a baseline of student experiences and a starting point for

further research. The findings do provide a rich exposition of the work undertaken by students on placement in relation to mental distress, shedding light on an underexplored area of practice. They confirm the universality of mental distress across multiple placement settings. They highlight a sense of unpreparedness felt by most students, and anxiety for some, at the prospect of working with people with mental distress. The findings also support an argument for increased teaching of this particular subject at the host institution.

Nationally, the importance of mental distress for education and practice is recognised in a report from The College of Social Work, which sets out a vision for social work's role (Allen, 2014). This builds on earlier work to produce a curriculum guide for social work degrees (see Anderson and Sapey, 2012). These developments recognise the vital contributions social workers make towards recovery and the opportunities social work education has to prepare students from critically informed standpoints. Arguably, this is essential both for pre and post-qualifying education; in particular for countering the 'silo' thinking fostered within care-group cultures (Munro, 2012). Silo thinking may have contributed to some of the reports of poor practice in this study, including responses to parental mental health problems. The need for social workers to be able to understand mental distress and engage with contentious issues such as causality in child assault and death is highlighted by a recent study exploring child homicide, which identified parents with mental disorders as one of three distinct within-family assailant categories (Pritchard et al., 2013). Without sufficient education on the subject, however, social workers may act

uncritically on beliefs about 'dangerousness' or conversely fail to respond and protect children (Aldridge and Becker, 2003; Cleaver and Aldgate, 2011; Laird, 2013).

Paradoxically, despite a reported lack of preparation and knowledge of mental distress, some students nonetheless provided powerful examples of transformative social work practice. Often working with service users who already had social care or health professional involvement, students described taking inherently different approaches to assessment and intervention. These went beyond a focus on symptoms, to understanding the adult, young person or family in the context of their experiences and environments. It is these insightful accounts of practice that this article's findings rest on. It is the analysis of students' practice wisdom that offers a means of articulating a distinctive social work role for mental distress. The features found consistently in the examples given were relationship-building, holistic assessment and persistence. Taken in isolation, these terms may appear anodyne, dulled perhaps by repeated use within social work discourse. Read in conjunction with students' narratives, however, they provide a rich picture of the lived experience of practice. These stories, often describing entrenched difficulties, illustrate the transformative potential of a relationship-based, holistic and persistent approach.

The findings presented here attest to the importance of relationship-based practice, confirming it as a key defining feature of the social work role (Ruch, et al., 2010). O'Leary et al.'s. (2013) reconceptualisation of the boundaries of the social work relationship argues that relationship-based practice must involve greater

"…discussion with clients about how the relationship might differ from their experiences with other professionals" (p.149). Their proposed model questions the validity of a rigid client/professional relationship boundary, contending that:

Adopting a positive, relationship-based and inclusive attitude to professional boundaries opens up exciting possibilities, particularly as little is known about the impact on practice of inclusive boundaries or instances in which practitioners 'went the extra mile' for clients (p.143).

The examples reported in this study are characterised by students' use of inclusive boundaries and persistence, and testify to the powerful impact this approach can have. At the core of O'Leary et al.'s (2013) model is the concept of 'connection', in which professional boundaries are established by the use of self and sharing, rather than professional distance and separation; thus encapsulating "a more authentic representation of social work relationships" (p.143). This idea of connection, combined with critically informed, specialist knowledge of mental distress, offers a dynamic framework for developing social work education and practice in mental health. It provides social work education with opportunities to help students rethink and articulate the value of their contributions, and to develop relational approaches to working with people with mental distress; notwithstanding the difficulties of doing so in the context of adult or child protection (Turney, 2012). As such, it could help inform current debates relating to professional identity, gaps in knowledge and awareness of alternatives to medical approaches to mental distress.

The study also expands on the potential of 'student as producer' (Neary and Winn, 2009) in creating innovative responses: firstly to deficits in the curriculum, and secondly to problems of professional role definition. In relation to the former, the exploration of student placement experiences led to the production of six *Learning Insights* designed to enhance learning and teaching on mental distress at the host university. These cover knowledge and skill gaps that emerged from the research, including: 'models of mental distress'; 'types of mental distress'; 'mental health law'; 'working with self-harm and suicide'; 'parents with mental distress'; and 'working with personality disorder'. Based on a constructionist pedagogic approach (Merriam et al. 2007) the *Learning Insights* emphasise student participation in the learning endeavour. Class-based student evaluations have since returned very positive results, indicating significant gains in understanding of mental distress.

At a time when social work practice is adapting to structural change through integration and personalisation, and social work education is being re-cast in some quarters as work-based learning (MacAlister et al., 2012), the need to reassert the profession's core values and further develop transformative approaches to education and practice is apparent. Additional research in partnership with students and practitioners offers valuable means of helping to achieve those aims.

Conclusion

The findings from part one of this study add to a growing body of work seeking to define social work's role in supporting people experiencing mental distress (Karban, 2011; Campbell and Davidson, 2012; Allen, 2014). The data offer insights into the

distinctive contributions made by social work students, in turn illustrating the potential of practice wisdom to answer wider questions about educational provision, professional role and identity. Pre-qualifying education that combines knowledge and skills development in mental distress and relationship-based practice, offers a valuable model for addressing current curriculum deficits. Significantly enhanced post-qualifying education and training appear necessary to consolidate learning, particularly in the interface between childcare and adult mental health services. A greater focus on and critical appreciation of mental distress in pre- and post-qualifying social work contexts is thus required to realise the policy objective of humanising mental health services (Allen, 2014).

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